

Amended MDR Tracking Number: M5-04-0001-01 (**Previously M5-02-2830-01**)

This Amended Findings and Decision supercedes all previous decisions rendered in this matter.

The Medical Review Division's Findings and Decision of August 5, 2003, was issued in error and subsequently withdrawn by the Medical Review Division. The Original Findings and Decision, Appeal Letter and Withdrawal Notice are reflected in Exhibit 1.

The Medical Review Division reviewed the decision of the Independent Review Organization (IRO) in the captioned medical dispute and concludes the dispute with the enclosed Decision and Order.

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 20012 and Commission Rule 133.305 titled Medical Dispute Resolution –General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. This dispute was received on 6-28-02.

The IRO reviewed Office Visits, Work Conditioning / Work Hardening and Physical Therapy rendered from 10-19-01 to 3-29-02 that were denied based upon “U” or “V”.

The Medical Review Division has reviewed the IRO decision. The IRO has not clearly determined the prevailing party over the medical necessity issues. Therefore, in accordance with §133.308(q)(2)(C), the commission shall determine the allowable fees for the health care in dispute, and the party who prevailed as to the majority of the fees for the disputed health care is the prevailing party.

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR\$ (Maximum Allowable Reimbursement)	Reference	Rationale
10-19-01	97110	\$35.00	\$0.00	U	\$35.00 / 15 min	Section 408.021(a)	IRO concluded these services were medically necessary; therefore reimbursement of \$35.00 is recommended.
10-19-01	97124	\$28.00	\$0.00	U	\$28.00	Section 408.021(a)	IRO concluded these services were medically necessary; therefore reimbursement of \$28.00 is recommended.
10-19-01	97035	\$22.00	\$0.00	U	\$22.00	Section 408.021(a)	IRO concluded these services were medically necessary; therefore reimbursement of \$22.00 is recommended.
10-19-01	97014	\$15.00	\$0.00	U	\$15.00	Section 408.021(a)	IRO concluded these services were medically necessary; therefore reimbursement of \$15.00 is recommended.
10-19-01	97024	\$11.00	\$0.00	U	\$11.00	Medicine	No Reimbursement, exceeds the

						GR (I)(A)(10)(a)	number of modalities allowed per MFG.
12-21-01 1-3-02	97546WH	\$64.00	\$0.00	U	\$51.20/ hr for Non CARF Accredited	Section 408.021(a) Medicine GR (II)(E)	IRO concluded these services were medically necessary; therefore reimbursement of 2 dates X \$51.20 = \$102.40 is recommended.
1-7-02 1-22-02 1-23-02 1-24-02 1-25-02	97546WH	\$64.00 (4) = \$256.00	\$0.00	U	\$51.20/ hr for Non CARF Accredited X 4 = \$204.80	Section 408.021(a) Medicine GR (II)(E)	IRO concluded these services were medically necessary; therefore reimbursement of 5 dates X \$204.80 = \$1024.00 is recommended.
1-7-02 1-22-02 1-23-02 1-24-02 1-25-02	97545WH	\$128.00	\$0.00	U	\$51.20/ hr for Non CARF Accredited X 2 = \$102.40	Section 408.021(a) Medicine GR (II)(D)	IRO concluded these services were medically necessary; therefore reimbursement of 5 dates X \$102.40 = \$512.00 is recommended.
1-11-02 1-14-02 1-16-02 1-17-02	97546WC	\$36.00 (4) = \$144.00	\$0.00	U	\$36.00 / hr	Section 408.021(a) Medicine GR (II)(D)	IRO concluded these services were medically necessary; therefore reimbursement of 4 dates X \$144.00 = \$576.00 is recommended.
1-11-02 1-14-02 1-16-02 1-17-02	97545WC	\$72.00	\$0.00	U	\$36.00 / hr	Section 408.021(a) Medicine GR (II)(D)	IRO concluded these services were medically necessary; therefore reimbursement of 5 dates X \$72.00 = \$360.00 is recommended.
1-14-02	97750FC	\$200.00	\$200.00	U	\$100.00	Medicine GR (I)(E)(2)(a)	Per Carrier to be paid.
1-22-02	99214WC	\$71.00	\$0.00	U	\$71.00	Section 408.021(a)	IRO concluded these services were medically necessary; therefore reimbursement of \$71.00 is recommended.
TOTAL		\$3006.00					The requestor is entitled to reimbursement of \$2643.00.

The IRO concluded that all services provided from 10-19-01 through 1-25-02 were medically necessary. All treatment after 1-25-02 was not medically necessary.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

Consequently, the commission has determined that **the requestor did not prevail** on the majority of the medical fees (\$2795.00). Consequently, the requestor is not owed a refund of the paid IRO fee.

This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On February 14, 2003, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice.

The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR\$ (Maximum Allowable Reimbursement)	Reference	Rationale
10-31-01 11-2-01 11-12-01	97110	\$35.00	\$0.00	A	\$35.00 / 15 min	Rule 134.600(h)(10)	Report was not submitted to support treatment was preauthorized.
10-31-01 11-2-01 11-5-01 11-12-01	97124	\$28.00	\$0.00	A	\$28.00	Rule 134.600(h)(10)	Report was not submitted to support treatment was preauthorized.
10-31-01 11-2-01 11-5-01 11-12-01	97035	\$22.00	\$0.00	A	\$22.00		Report was not submitted to support treatment was preauthorized.
10-31-01 11-2-01 11-5-01 11-12-01	97014	\$15.00	\$0.00	A	\$15.00	Rule 134.600(h)(10)	Report was not submitted to support treatment was preauthorized.
10-31-01 11-2-01 11-5-01 11-12-01	97024	\$11.00	\$0.00	A	\$15.00	Rule 134.600(h)(10)	Report was not submitted to support treatment was preauthorized.
3-22-02	97750FC	\$200.00	\$200.00	U	\$100.00	Medicine GR (I)(E)(2)(a)	Per Carrier to be paid.
3-19-02 3-25-02 3-26-02 3-27-02 3-28-02 3-29-02	97545WH	\$128.00	\$0.00	A	\$51.20/hr for Non CARF program	Rule 134.600(h) Medicine GR (II)(E)	Report was not submitted to support treatment was preauthorized.
3-20-02	97545WH	\$128.00	\$0.00	F	\$51.20/hr for Non CARF program X 2 = \$102.40	Medicine GR (II)(E)	Documentation supports service per MFG, reimbursement of \$102.40 is recommended.
3-19-02 3-25-02 3-27-02 3-28-02	97546WH	\$256.00	\$0.00	A	\$51.20/hr for Non CARF program	Rule 134.600(h) Medicine GR (II)(E)	Report was not submitted to support treatment was preauthorized.
3-20-02 3-26-02 3-29-02	97546WH	\$192.00	\$0.00	A	\$51.20/hr for Non CARF program	Rule 134.600(h) Medicine GR (II)(E)	Report was not submitted to support treatment was preauthorized.
TOTAL							The requestor is entitled to reimbursement of \$102.40.

This Decision is hereby issued this 10th day of September 2003.

Elizabeth Pickle
Medical Dispute Resolution Officer
Medical Review Division

ORDER.

Pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay for the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Decision is applicable for dates of service 11-2-01 through 3-29-02 in this dispute.

This Order is hereby issued this 10th day of September 2003.

Roy Lewis
Medical Dispute Resolution Supervisor
Medical Review Division

Enclosure:

IRODecision

November 12, 2002

Re: Medical Dispute Resolution
MDR #: M5-04-0001-01 (Previously MDR #: M5.02.2830.01)
IRO Certificate No.: IRO 5055

Dear

___has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, ___reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is certified in Chiropractic Medicine.

Clinical History:

This male patient sustained a low back injury on the job on ___. He responded favorably to treatment with medication and physical therapy and progressed toward a work-conditioning program, then a work hardening program on 12/14/01.

Disputed Services:

Office Visits, Work Conditioning/Work Hardening and Physical Therapies for the period 10/19/01 through 03/29/02.

Decision:

The reviewer partially agrees with the determination of the insurance carrier. The reviewer is of the opinion that the services named above rendered from 10/19/01 through 01/25/02 were reasonable and medically necessary. The services named above rendered from 01/26/02 through 03/29/02 were not medically necessary.

Rationale for Decision:

Based on review of the records, the initial two weeks of work conditioning followed by six weeks of work hardening were appropriate and medically necessary. The records do not provide sufficient clinical rationale or appropriate documentation to warrant additional work hardening beyond the initial six weeks.

I am the Secretary and General Counsel of ____ and I certify that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

Sincerely,